PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/871.383 TRANSMITTAL Filing Date 05.31.2001 **FORM** First Named Inventor Edlin Solomon 2815 Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission

OCT 2 2 2004

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			EN	CLOSURES (Check	all that apply)				
+	Fee Trans	mittal Form	→ Drawing(s)				After Allowance Communication to TC			
	→ Fe	e Attached		Licensing-related Papers	ed Papers			Appeal Communication to Board of Appeals and Interferences		
<i>+</i>	Afti	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority		Petition Petition to Convert to a Provisional Application Power of Attorney, Revoc Change of Corresponden Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table or	ce Address		Propi	al Communication to TC pal Notice, Brief, Reply Brief) rietary Information s Letter r Enclosure(s) (please Identify y):		
				Remarks				RECEIVED		
	Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53							ILCEIVED		
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		SIGNA	TURE	OF APPLICANT, AT	ORNEY, O	R AGI	ENT			
Firm Name Edlin			S	olomon						
Signature										
Printed	Printed name Edlin Solomon Date									
Date	Date 10. 20. 2		004 Reg. No.							
CERTIFICATE OF TRANSMISSION/MAILING										
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Typed or printed name Ed		me Ede	Pin Solomon					10.20.2004		

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PTO/SB/17 (10-04v2)
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FEE TRANSMITTAL	ı L	Complete if Known					
— PEE IRANSIVIII IAI	-	Appli	cation N	Numb	er	09/871.383	
for FY 2005		Filing Date			05.31.2001		
Effective 10/01/2004. Patent fees are subject to annual revision.		First I	Named	Inver	ntor	Edlin Solome	on
		Examiner Name			Joseph Noug	ien	
Applicant claims small entity status. See 37 CFR 1.27		Art U	nit			2815	
TOTAL AMOUNT OF PAYMENT (\$) 210+330+1	45	Attorr	ney Doc	ket N	10.	- REC	EIVED
METHOD OF PAYMENT (check all that apply)				FEE	E CAL	CULATION (continued)	9 2004
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The Director is authorized to: (check all that apply)	1053 1812	130 2,520	1053			nglish specification	
Charge fee(s) indicated below Credit any overpayments	1804	2,520 920*	1804			ng a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1004	920	1004	920		sting publication of SIR prior to to the string publication of SIR prior to the string pub	
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to the above-identified deposit account.	1251	110	2251	55		ner action	
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Code (\$) Code (\$) 1001 790 2001 395 Utility filing fee	1255			1.040		sion for reply within fifth month	
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1002 350 2002 175 Design filing fee	1402	340	2402			e of Appeal a brief in support of an appeal	
1004 790 2004 395 Reissue filing fee	1403	300	2403		_	est for oral hearing	
1005 160 2005 80 Provisional filing fee		1,510			•	n to institute a public use proceeding	
	1452	110	2452			n to revive - unavoidable	
SUBTOTAL (1) (\$)	1453		2453				145
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,370	2501			n to revive - unintentional issue fee (or reissue)	
Fee from Ext <u>ra Claims below</u> Fee Paid	1502	490	2502		•	n issue fee	
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Independent - 3** = X = =	1460	130	1460			ons to the Commissioner	
Multiple Dependent	1807	50	1807			ssing fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806			ssion of Information Disclosure Stmt	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021	40	8021			ding each patent assignment per	
1202 18 2202 9 Claims in excess of 20					proper	ty (times number of properties)	
1201 88 2201 44 Independent claims in excess of 3	1809	790	2809	395		a submission after final rejection FR 1.129(a))	
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395		ich additional invention to be	
1204 88 2204 44 ** Reissue independent claims over original patent	1801	790	2801	205		ned (37 CFR 1.129(b))	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		est for Continued Examination (RCE) lest for expedited examination	<u> </u>
and over original patent		ı	l	500		esign application	
SUBTOTAL (2) (\$)	Other	fee (sp	ecify)				

SUBMITTED BY	•			(Complete	(if applicable))
Name (Print/Type)	Edlin	Solomon	Registration No. (Attorney/Agent)	Telephone	972-67-495-464
Signature	3gun	<u></u>		Date	10.20.2004

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

145

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Dear sir, We have the pleasure in remitting you herewith our cheque No. Drawn on: BANK LEUMI USA	The sum of US \$ #*******145.00#
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היטל רכנשה לרכנשה לר בע הייטל העירותנס מיובאים/הקצבה הפרשי שערים (בשיח)	סמל ריבית שבירה
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סמל סטטיסטי מספר התאמה זכות זכות ספת	סמל סטטיסטי מספר התאמה חובה סמל הודעה הודעה נו תובה אובה מספר התאמה חובה אובה מספר הודעה נו מספר התאמה חובה אובה מספר הודעה נו